

Testimony of Elizabeth Deck
In Support of HB 5489 *An Act Concerning Secondary School Reform*
March 15, 2010

Senator Gaffey, Representative Fleischmann and members of the Education Committee I am submitting written testimony in support HB 5489 *An Act Concerning Secondary School Reform*. My name is Elizabeth Deck and I am currently a graduate student at UCONN School of Social Work, living in East Haven, CT. As MSW students, we are required to participate in internships in order to complete our degree. My current placement is with Planned Parenthood of Southern New England. Together, with my courses taken at UCONN, the two have blended perfectly and shown just how important health education during one's adolescence is.

As Social Workers, my profession is geared towards empowering those that we serve and giving them the tools to make their own decisions. Education is a crucial tool when it comes to making decisions about one's health. By requiring high schools to have a graduation requirement of health education of one credit, we are encouraging students to make the most well informed decisions.

Encompassed in this credit will be materials focused in such areas as nutrition, physical education, physical and mental wellbeing, and comprehensive medically accurate sexual education. The CT State Board of Education has even mentioned the importance of providing a "coordinated approach to school health [that] provides the framework for families, community-based partners and schools to work together to improve student achievement"¹. Other states have strived to ensure comprehensive health education is being taught to their youth, Connecticut however is one of the 14 states currently that does not mandate completion before graduation².

Although each component of health education is important, as an intern with Planned Parenthood I feel that sexuality education is an item that needs special attention. Studies have repeatedly found that youth are the population greatest at risk for contracting sexually transmitted infections (STIs) such as gonorrhea and Chlamydia³. In the United States, it is uncommon to find schools teaching youth about contraceptives and other preventive and protective measures relating to sexual health and sexuality. Teenagers are often taught only of abstinence, out of fear that by teaching them about sex we are encouraging early engagement of sexual behaviors. "Despite years of evaluation in this area, there is no evidence to date that abstinence-only education delays teen sexual activity . . . recent research shows that abstinence-only strategies may [actually] deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and STIs"⁴.

Protective contraceptive methods need to be discussed within health education courses. Recent studies have reported that 80,000 teens in CT are actively engaging in sex and of those their first sexual intercourse was between the ages of 13 and 16⁵. Without the full comprehension of how to correctly protect oneself there has been a spike in incidence rates of STIs. In 2007 young people in CT ages 10 to 24 comprised 72% of new Chlamydia cases and 57% of Gonorrhea cases⁶. Teens are also at high risk of contracting HIV as youth under 25 are the most likely to become infected through unprotected sex⁷.

By providing such valuable education, youth will be able to make more informed decisions about their sexuality. Comprehensive sexuality education has not been known to actually increase sexual behaviors in youth but the opposite. "Many . . . delayed or reduced sexual activity, reduced their numbers of sexual partners or increased condom or contraceptive use"⁸. Voters have also taken notice to the importance of such education. 83% of CT voters realize that sexuality education that teaches both abstinence and contraceptives cannot be delayed any further⁹.

I urge the committee to support such health requirements for CT youth and pass HB 5489 *An Act Concerning Secondary School Reform*. We cannot continue this any longer. Thank you for your time.

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1 Connecticut Board of Education, 2009

2 State of Connecticut, Department of Public Health, Sexually Transmitted Diseases, 2007

3 Guttmacher Institute, http://www.guttmacher.org/pubs/FIB_STI_US.html, 2009

4 Kirby D, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001; Bearman PS and Bruckner H, Promising the future: virginity pledges and first intercourse, *American Journal of Sociology*, 2001, 106(4):859-912; Bruckner H and Bearman PS, After the promise: the STI consequences of adolescent virginity pledges, *Journal of Adolescent Health*, 2005, 36(4):271-278.

5 State of Connecticut, Department of Public Health, Connecticut School Health Survey (2005)

6 State of Connecticut, Department of Public Health, 2009 Surveillance

7 Slide Set: HIV/AIDS surveillance in Adolescents and Young Adults (through 2005)

8 Guttmacher Institute, http://www.guttmacher.org/pubs/FIB_STI_US.html

9 Lake Research, March 2008